

Utah Department of Environmental Quality

Division of Drinking Water

Monitoring Schedule

Run Date:
08/04/2011 11:59 am

PWS ID: UTAH10008 **Name:** MOAB KOA CAMP

Legal Contact: MOAB KOA CAMP
GREG ROBINSON

Address: PO BOX 418
MOAB, UT 84532

Phone Number: 435-259-6682

City Served (Area):
County: GRAND COUNTY

System Type: Non-community
Activity Status Cd: Active
Population: 150

Rating: Approved
Rating Date: 04/09/1996
Activity Status: Active

Last Inv Update: 03/08/2011
Last Snty Srv Dt: 03/23/2010
Surveyor: MARK BERTELSON
Oper Period: 4/1 to 9/30

Avg Daily Prod:
Total Dsgn Cap:
Total Emerg Cap:

Gal/Day Gal/Min

Total Coliform Rule Monitoring

Sample Count	Sample Type	Sample Frequency	Effective Begin Date	Effective End Date	Seasonal Start	Seasonal End	Analyte Name
1	Routine	Quarterly	01/01/1991		4/1	9/30	COLIFORM (TCR)

Additional Monitoring Requirements

(The Sample Label is not correct for Disinfection Byproducts, TOC, TOC Alkalinity, and any triggered groundwater samples)

Facility ☐ ID Facility Name

Analyte Name		Sample Count	Sample Type	Sample Frequency	Last Sample	Next Sample Between
WS001	KOA CAMP WELL 1		Activity Status: A	Sample Label: UTAH10008	WS001	WS001
	SULFATE	1	Routine	9Y	03/31/2003	01/01/2011-12/31/2019
	NITRATE	1	Routine	QT	04/04/2011	07/01/2011-09/30/2011